The duration of the pain identification was ranged from 5.50 months to 15.25 years. The mean range of symptom duration was about 9.92 years. Among these patients 15 % patients were those who had peripheral neuroctomy history. And 39 % of the patients were those who had dental extraction history. The involvement of the various branches of fifth nerve in TN as observed in different patients is as follows.

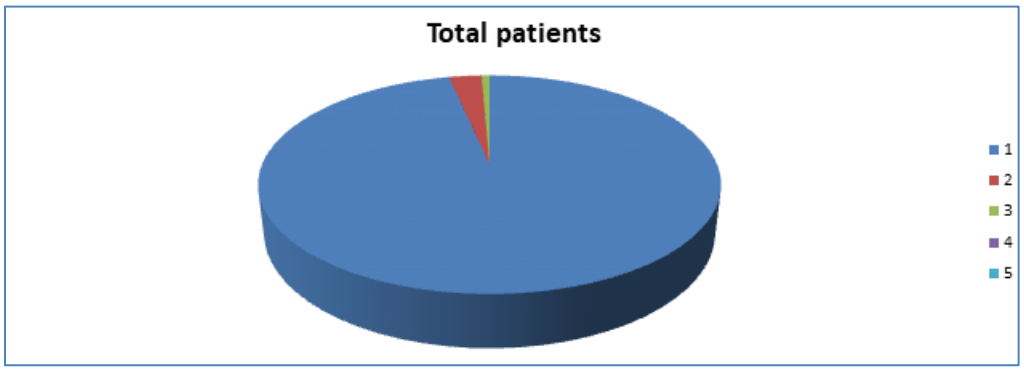
Branch Involved	Patients	Percentage
V3	83	56%
V2	52	35%
V1	9	6%
V2+V3	4	3%
Total	148	100%

In this study the various causes and operative findings of MVD in different patients of TN is described below.

Cause	Patients	Percentage
Superior Cerebellar Artery	130	88%
Anterior Cerebellar Artery	6	4%
Petrosal Vein	6	4%
Arachnoid adhesion	6	4%
Total	148	100%

The BNIP scores as observed by the external evaluator is as follows.

BNIP Score	Description	Total patients
1	No pain,No Medication	143
2	Occasional Pain	4
3	Some pain adequately controlled by mediction	1
4	Some pain not adequately controlled by medictio	0
5	No pain relief	0



DISCUSSION:

If we look at the glance in the history pages we will realize that hundreds of patients were operated for the pain relief from trigeminal neuralgia by using the microvascular decompression procedure. In our study it was observed that this disease was mostly happened in female patients as compare to the male patients as there were 92 patients were female while 56 patients were male. In this case study the most common branch of the fifth nerve causing TN was V3 thus comprising 56 % of the patients. Then came the number of V2 branch which comprised of 35 % of the patients. The number of patients suffered from TN due to V1 branch was 9 in number while the patients who suffered from TN due to combined effect of V2 and V3 were total 4 in number. Our study results were quite similar to the Giovanni B et al. study results in which 250 patients were observed and in their study 63 % of the patients were

suffering from TN due to V3. Our study was also similar to the Kabatas et al. who proved that mostly female were the victim of Trigeminal neuralgia. The ratio of female patients to male patients was 1.9: 1 was in the study of Haq et.al while in our study it is 1.6 :1.In this study if we look at the glance on the operative findings it will reveal that in most of the cases the cause of TN was due to compressing of superior cerebellar artery. The number of patients due to compression of cerebellar artery was 88 % which were similar to the study results of zhang et al where the %age for such patients were 79%.In the study of Haq et al. the total number of patients who felt no pain comprised the 68 % of the total patients observed while in our study this number was 71 % of the total patients. Thus proving more improvement in the study results. In our study the patients who had occasional pain were only 28 in number thus comprising 19 % and only 15 patients complained some pain but which was adequately controlled by medication.

Conclusion

Thus our study proved successfully that for the treatment for trigeminal neuralgia, Microvascular decompression is most effective mode of surgery in terms of immediate pain relief.

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International Journal of Advancements in Research & Technology, Volume 1, Issue 5, October-2012
ISSN 2278-7763

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